Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS176AGC	A. BUILDING _____ B. WING _____	09/08/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ROSE OF SHARON	355 EVAN PICONE HENDERSON, NV 89014

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of the annual State Licensure survey and a Complaint Investigation conducted in your facility on 9/8/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons, and/ or persons with chronic illnesses, and/ or persons with mental illnesses, Category II residents. The census at the time of the survey was seven. Seven resident files were reviewed and three employee files were reviewed. One discharge file was reviewed. Complaint # NV00019093 was unsubstantiated. The following deficiencies were identified:	Y 000		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment.	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter,	Y 103		

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Y 103	Continued From page 2 unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis. 5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis. 6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. Based on record review on 9/8/08, the facility did not ensure that 2 of 3 employees had the required tuberculosis (TB) documentation.	Y 103		

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Y 103	Continued From page 3 Findings include: Employee # 2 - Date of hire 5/6/06. The employee's file contained proof the employee tested positive for TB on 5/30/06 and a negative chest x-ray report dated 6/1/06. The file did not contain a TB symptom surveillance form or a copy of a negative chest x-ray report required for those who test positive for TB in 2007 and 2008. Employee #3 - Date of hire 5/16/06. The employee's file contained proof the employee tested positive for TB on 6/12/06 and a negative chest x-ray report dated 6/14/06. The file did not contain a TB symptom surveillance form or a copy of a negative chest x-ray report required for those who test positive for TB in 2007 and 2008. This is a repeat deficiency from the annual State Licensure survey completed 7/12/07. Severity: 2 Scope: 3	Y 103		
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.	Y 859		

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Y 859	Continued From page 4 This Regulation is not met as evidenced by: Based on record review on 9/8/08, the facility did not obtain the results of a physical examination of a resident by their physician prior to admission for 2 of 7 residents residing in the facility. The facility also did not obtain the results of an annual physical examination for 1 of 7 residents residing in the facility for longer than a year. Findings include: Resident #5 - Date of admission was 8/1/07. The resident's file did not contain the results of a physical examination prior to admission to the facility and an annual physical examination of the resident by a physician for 8/1/08. Resident #6 - Date of admission was 8/14/08. The resident's file contained an undated physical examination report. Severity: 2 Scope: 1	Y 859		
Y 870 SS=B	449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of	Y 870		

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Y 870	Continued From page 5 the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident. This Regulation is not met as evidenced by: Based on record review on 9/8/08, the facility did not ensure that a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 3 of 7 residents residing in the facility for longer than six months. Findings include: The files of Residents #3, #4 and #5 did not contain medication profile reviews in the record Severity: 1 Scope: 2	Y 870		
Y 943 SS=A	449.2749(1)(j) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (j) A document signed by the administrator of the facility when the resident permanently leaves the	Y 943		

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Y 943	Continued From page 6 facility. This Regulation is not met as evidenced by: Based on record review on 9/8/08, the facility did not ensure proper documentation was completed regarding a discharged resident. Findings include: There was no evidence of discharge documentation for Resident #8 . Severity: 1 Scope: 1	Y 943		
YA645 SS=C	449.2704(1-5) Rate Agreement NAC 449.2704 The administrator of a residential facility shall, upon request, make the following information available in writing: 1. The basic rate for the services provided by the facility; 2. The schedule for payment; 3. The services included in the basic rate; 4. The charges for optional services which are not included in the basic rate; and 5. The residential facility's policy on refunds of amounts paid but not used. This Regulation is not met as evidenced by:	YA645		

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YA645	Continued From page 7 Based on record review on 9/8/08, the facility did not ensure that a rate agreement was provided for 5 of 7 residents signed by the Administrator and the resident or a representative for the resident. Findings include: Resident #3 - Date of admission was 9/28/07. The file did not contain a copy of a rate agreement signed by the Administrator and the resident or a representative for the resident. Resident #4 - Date of admission was 3/11/08. The file did not contain a copy of a rate agreement signed by the Administrator. Resident #5 - Date of admission was 8/1/07. The file did not contain a copy of a rate agreement signed by the Administrator and the resident or a representative for the resident. Resident #6 - Date of admission was 8/14/08. The file did not contain a copy of a rate agreement signed by the Administrator. Resident #7 - Date of admission was 2/20/06. The file did not contain a copy of a rate agreement signed by the Administrator and the resident or a representative for the resident. Severity: 1 Scope: 3	YA645		
YA930 SS=F	449.2749(1)(a-j) Resident File NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the	YA930		

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YA930	Continued From page 8	YA930		

facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:
(a) The full name, address, date of birth and social security number of the resident.
(b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him.
(c) A statement of the resident's allergies, if any, and any special diet or medication he requires.
(d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes:
(1) A description of any medical conditions which require the performance of medical services;
(2) The method in which those services must be performed; and
(3) A statement of whether the resident is capable of performing the required medical services.
(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.
(f) The types and amounts of protective supervision and personal services needed by the resident.
(g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation:
(1) Upon the admission of the resident;
(2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the

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YA930	Continued From page 9 activities of daily living; and (3) In any event, not less than once each year. (h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident. (i) The name and telephone number of the vendors and medical professionals that provide services for the resident. (j) A document signed by the administrator of the facility when the resident permanently leaves the facility. This Regulation is not met as evidenced by: NAC 441A.380 Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing; respiratory isolation; medical treatment; counseling and preventive treatment; documentation. (NRS 441A.120) 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or	YA930		

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YA930	Continued From page 10 (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of	YA930		

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YA930	Continued From page 11 symptoms of tuberculosis. Based on record review on 9/8/08, the facility did not ensure that 5 of 7 residents met the requirements for tuberculosis (TB) documentation and failed to perform an activities of daily living (ADL) assessment on admission or annually for 4 of 7 residents. Findings include: Resident #1 - Date of admission was 6/27/08. The resident's file did not contain documentation the resident completed the required two-step TB skin testing. Resident #2 - Date of admission 8/1/08. The resident's file contained a negative chest x-ray report dated 2/4/08. The file did not contain evidence in the form of a positive skin test, a physician statement that the resident had tested positive for TB, or proof of a TB symptom surveillance form. The resident's file did not contain an ADL assessment upon admission to the facility. Resident #3 - Date of admission was 9/28/07. The resident's file did not contain documentation the resident completed the required two-step TB skin testing. The resident's file did not contain an ADL assessment upon admission to the facility. Resident #6 - Date of admission was 8/14/08. The file contained no documentation the resident completed the required two-step TB skin testing. The resident's file contained an ADL assessment form which was blank. Resident #7 - Date of admission was 2/20/06.	YA930		

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YA930	Continued From page 12 The resident's file did not contain documentation the resident completed the required two-step TB skin testing at the time of admission. The file contained proof the resident received a one-step TB skin test on 2/19/07. The file also contained documentation of a one-step TB skin test on 8/25/08. Because the two one-step skin tests were more than twelve months apart, they do not qualify as a two-step TB skin test. To comply with NAC 441A, the resident needs to complete an additional one-step TB skin test. The additional skin test would be combined with the 8/25/08 skin test and qualify as a two-step TB skin test. The resident's file did not contain an ADL assessment upon admission to the facility or annual ADL assessments for 2007 and 2008. This is a repeat deficiency from the annual State Licensure survey completed on 7/12/07. Severity: 2 Scope: 3	YA930		